

Determinants of health status in COPD

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VALORIZATION

Valorization refers to “getting the maximum value and usefulness out of education programs and managed projects, by generalizing what has been learnt from the specialist experiences to other, related fields”. *Knowledge valorization* specifically means the “process of creating value from knowledge, by making knowledge suitable and/or available for social (and/or economic) use and by making knowledge suitable for translation into competitive products, services and new commercial activities”.

Given this definition, this chapter will discuss the current findings in the light of the social and economic impact as well as innovative concepts for future health care.

RELEVANCE AND INNOVATION

This thesis highlighted the importance of health status as an outcome parameter and a target for interventions in patients suffering from the multisystemic, progressive, incurable lung disease COPD. Indeed, as defined in the Global initiative for chronic Obstructive Pulmonary Disease (GOLD) strategy document, one of the goals of COPD management is the enhancement of health status. Furthermore, measuring health status has recently been added to the integrated assessment of COPD, highlighting the importance of understanding this complex concept. This manuscript confirms that health status provides important insights for burden, management and prognosis of COPD. Clear outcomes and hard facts (e.g. lung function, biomarkers, etc.) often play a superior role in COPD diagnosis and treatment, however “health status measurement is a means of quantifying, in a standardized and objective manner, the impact of disease on patients’ daily life, health, and wellbeing. It is a process that is essentially similar to a highly structured clinical history [...]. It is no more “soft” [...] than any well taken clinical history” [1]. Of course, it is difficult to make the concept of health status concrete or tangible in clinical practice, but – paying attention to it is a first step in the right direction.

TARGET GROUPS

Health status can be defined as “the impact of health on a person’s ability to perform and derive fulfilment from the activities of daily life” [2]. The key word here is “health”; health has been defined as “the ability to adapt and manage one’s own wellbeing, in light of the physical, emotional and social challenges of life” [3]. Promoting patients’ health, preventing risk and reducing symptoms are key concepts for COPD management and play an important role for future health care.

Health care professionals

Given the fact that both health as well as health status are multidimensional, health care professionals from several disciplines are involved in the appropriate diagnoses and treatment of COPD. Pulmonary rehabilitation, as an individualized, interdisciplinary, cost-effective approach, has been shown to positively impact patients' health. Pulmonary rehabilitation aims "to improve the physical and psychological condition of people with chronic respiratory disease and to promote the long-term adherence to health-enhancing behaviors" [4].

Health care professionals are encouraged to assess health status as an important part for COPD diagnoses and patient classification. However, there is one important condition which needs to be fulfilled: providing time for it. A real challenge in times of time efficiency and cost cuts – but crucial for personalized medicine and understanding the patient and the patient's health status which may allow establishing the right treatment for the best outcome. Furthermore, health care professionals should trust the patients' perception and knowledge; patients are able to identify exacerbations based on several visible as well as invisible symptoms and are able to apply self-management strategies to manage their disease. This facilitates early awareness as well as timely treatment.

This thesis also underlines the importance of objectively assessing cardiovascular comorbidities in COPD. Echocardiography as well as the Ankle-Brachial-Index as non-invasive methods to assess cardiac and peripheral vascular diseases, respectively, should be considered as efficient measures to evaluate the complexity of the disease while timely and appropriate treatment can further improve the course of the disease. Echocardiography as well as the Ankle-Brachial-Index might be considered as clinically meaningful instruments for COPD screening and/or pre-rehabilitation assessment.

Patients with COPD

The patient is currently – and will be in the future – an important member of the interdisciplinary treatment team. Therefore, patients are encouraged to express their health status and to be involved in the process of active information seeking. They are encouraged to be conscious about their feelings, perceptions and symptoms. In this context, self-awareness and self-evaluation are important aspects which may lead to self-control, one of the key concepts of future health care: encouraging the patients' functionality and independency, adaptability and flexibility as well as control, autonomy and self-management. Finally, patients

are stimulated to be open for multidisciplinary disease management strategies as well as new diagnostic and treatment opportunities.

ACTIVITIES AND PRODUCTS

A part of valorization is dissemination which includes the process of broadcasting a message to the public. The current findings have been presented during the European Respiratory Society (ERS) Congress in 2012, 2013, 2014 and 2015 as well as during the American Thoracic Society (ATS) Congress in 2015. During the ERS Congress in 2013, the abstract entitled *Echocardiographic abnormalities in patients with COPD entering pulmonary rehabilitation* has been granted with the Award for “Best Abstracts in Rehabilitation and Chronic Care”. Furthermore, the results have led to original articles and a research letter published in scientific international journals and have been presented during workshops and courses organized by CIRO and other institutions.

Given this publicity, the current findings have been distributed and are basis and inspiration for future research questions. The current findings may further provoke discussion about the use of questionnaires and if existing instruments can even be replaced with new and/or alternative ones.

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